

From: Janine Sullivan-Wiley [<mailto:jsw@nwrmbh-ct.org>]

Sent: Thursday, December 05, 2013 5:41 PM

To: Michaud, Michael

Cc: Snow, Matthew; Barbara Roberts; Carleen Zambetti; Jennifer (Gouthier) Hale; Jim Smith; Kate Travis; Laura Nesta; Nancy J. Cannavo; Pat Mosimann; Robyn Hawley; Sandy Cole; Shaun McColgan

Subject: RE: Thank You, and feedback

Hi Michael

Thank you for the opportunity for us all to be better informed and have an opportunity for meaningful feedback to such a major process.

We were happy to have you there.. and the December meeting always has a cheerful feel (no matter what hard or brain-numbing topics come up.)

As a result of your presentation, we have some more feedback for you, and would appreciate its incorporation into the SIM planning process as it moves forward:

(and #1 is retained even though you did describe mitigating strategies – it is still a concern.)

- 1) Concern that the non-traditional clients who don't fit the mold of positive outcome will lead to changes in how providers attend to them. While other mitigating strategies are planned, it is noteworthy that this kind of pressure is already at work where metrics are carefully tracked. For example, in CSP and Homeless Outreach services, the time spent in engagement cannot be counted, nor can those individuals receiving valuable engagement services be counted as clients until they are fully enrolled with full data. It is further problematic as the criteria for enrollment (i.e. information required) is seen by some clients as so intrusive that they decline further services or avoid further engagement.
- 2) It would be a positive outcome of the SIM process if the money saved in healthcare were to be reinvested into the social determinants that affect those outcomes.
- 3) A loss of valued medical providers has already been noted, apparently in response to some of the ACA provisions. This has a very deep impact on healthcare where trusting and valued relationships had been developed.

We suggest that the SIM or any other healthcare reform process identify and track the numbers, types and access parameters (i.e. what clients/ insurance they are willing to accept) of doctors in CT. The information collected should go back three years to better see if the decisions of doctors to close their practices was in response to some of the reforms implemented or planned.

Thanks again for your presentation and consideration of our input.

And hope you have a very happy holiday!

Janine

cc: RMHB members

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